

Late Independent Expenditure Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE INDEPENDENT EXPENDITURE REPORT

NAME OF FILER Putting Riverside First - Bill Emmerson for Senate 2010, funded by California Dental Association Independent Expenditure PAC and California Real Estate Independent Expenditure Committee			Date of This Filing _____ 03/31/2010 Report No. _____ 208901-06 <input checked="" type="checkbox"/> Amendment to Report No. _____ 001 (explain below) No. of Pages _____ 2	Date Stamp Page 1 of 2	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER (916)442-7757		I.D. NUMBER (if applicable) 1323552			
STREET ADDRESS					
CITY Sacramento	STATE CA	ZIP CODE 95814			

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Bill Emmerson			NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD/DISTRICT NO. State Senator District 37	SUPPORT X	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

2. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
03/29/2010	Campaign Literature and Mailings	\$27,699.86

Reason for Amendment:
Amend to show actual costs.

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CALIFORNIA
FORM 496



NAME OF FILER

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I.D. NUMBER (If applicable)
1323552

3. Contributions of \$100 or More Received*

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE**	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	INTEREST RATES
3/24/2010	California Medical Association PAC Sacramento, CA 95814 ID: 742617	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$25,000.00	If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%

*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

**Contributor Codes

IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 496 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
866/275-3772